PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10719631

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			,		COIL	(11112)	1		 T	OR 1		
			10					RATE	FEE	-	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			to minus 20=		* Ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS				nus 3 =	Ψ			X43=		OR	X86=	
ML	ILTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2		TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
		(Column·1)		(Column 2) (Column 3)			SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus ***		CLAINA	=		X43=		OR	X86=	
L	FIRST PRESE	INTATION OF MI	JUITE DEF	PENDENT	CLAIM			+145=		OR	+290=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		,	RODII. FEE			ADDII. I ELI						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	*** ;		= '		X43=		OR	X86=	
۷.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On		
								+145=		OR	+290=	
		۵	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
** 1	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE	
		mber Previously Paid					r four	nd in the app	ropriate box	in col	umn 1.	